

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

PRIMARY FACILITY NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION **BUREAU OF CLEAN WATER**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME	Tinicum 1	Township WWTP					_											
CLIENT	Tinicum 7			P.	A00283	180			001			Repo	orting Frequ	ency:	M	onthly		
ADDRESS	Memorial Printz Bo	Bldg., 629 N. Governo ulevard	or	PERI	UN TIN	MBER		OUT	FALL NU	MBER		DMF	R Effective F	rom:		october 1, 2	:020	
	Essingtor	n, PA 19029										DMR	Effective T	o:	September 30, 2025			5
LOCATION	Tinicum 1	Township				MONITO	RING F	ERIOD			7	Pern	nit Expires:		September 30, 2025			5
	Delaware	County		YEAR	МО	DAY		YEAR	МО	DAY	7		nit Applicatio	n Due		April 3, 2025		
WATERSHED	3-G				† · · · ·		то		1		\dashv		Check Here if No Discharge					
WATERSHED	<u> </u>				<u> </u>	<u> </u>]	<u> </u>		l					-	before completing this form		
			QUA	NTITY OR I	OADIN	G	l .	QUA	ALITY OF	CONCE	NTR		E. Hodd Ino	NO.	······································		_	MPLE
PARAME	TER		VALUE	VAL		UNITS	VA	LUE	VALU				UNITS	EX		NALYSIS		YPE
		SAMPLE MEASUREMENT																
Flow		PERMIT REQUIREMENT	Report Avg Mo	Repo		MGD	X	xx	XXX		XX	X	XXX		Con	itinuous	Ме	tered
		SAMPLE MEASUREMENT																
рН		PERMIT REQUIREMENT	XXX	XX	X	XXX		.0 : Min	XXX		9.4 IMA				1/day		G	irab
		SAMPLE MEASUREMENT																
Dissolved Oxyg	en	PERMIT REQUIREMENT	XXX	XX	X	XXX		.0 : Min	Repo Avg M		XX	X	mg/L		1	/day	G	Brab
T (15 ')	O	SAMPLE MEASUREMENT																
Total Residual ((TRC)	Chlorine	PERMIT REQUIREMENT	XXX	XX	X	XXX	X	xx	0.5 Avg M	lo	1.0 IMA		mg/L		1	/day	G	irab
Carbonaceous Biochemical Ox		SAMPLE MEASUREMENT																
Demand (CBOI Raw Sewage In		PERMIT REQUIREMENT	Report Avg Mo	XX	X	lbs/day	X	xx	Repo Avg M		XX	X	mg/L		2/	week		4-Hr nposite
Carbonaceous		SAMPLE MEASUREMENT															************************	
Biochemical Ox Demand (CBOI		PERMIT REQUIREMENT	183 Avg Mo	275 Wkly		lbs/day	X	xx L	16 Avg M	lo	2 ² Wkly		mg/L		2/week			4-Hr nposite
NAME/TITLE PF	RINCIPAL EX	ECUTIVE OFFICER	I certify under penalty of direction or supervision that qualified personne Based on my inquiry of	in accordance with gather and evalu	n a system d ate the infor	lesigned to assure mation submitted.							TELE	EPHONE	=		DATE	
			or those persons directinformation submitted it	tly responsible for s, to the best of m	gathering th	e information, the e and belief, true,												
TY	PED OR PR	INTED	accurate and complete for submitting false in imprisonment for know to unsworn falsification	formation, includir ing violations. See	g the possi	ibility of fine and		NATURE (FFICER C					AREA CODE	NUME	BER	YEAR	MO	DAY



WATERSHED

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION **BUREAU OF CLEAN WATER**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME	Tinicum Township WWTP
CLIENT	Tinicum Township
ADDRESS	Memorial Bldg., 629 N. Governor Printz Boulevard
	Essington, PA 19029
LOCATION	Tinicum Township
	Delaware County

PA0028380	001
PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Monthly DMR Effective From: October 1, 2020 DMR Effective To: September 30, 2025 Permit Expires: September 30, 2025 Permit Application Due: April 3, 2025 ___ Check Here if No Discharge

3-G

MONITORING PERIOD YEAR YEAR МО MO DAY DAY ТО

NOTE: Read Instructions before completing this form

PARAMETER		QUAN'	TITY OR LOADIN	√G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Biochemical Oxygen	SAMPLE MEASUREMENT										
Demand (BOD5) Raw Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	XXX	lbs/day	XXX	Report Avg Mo	XXX	mg/L		2/month	24-Hr Composite
CBOD5 Minimum %	SAMPLE MEASUREMENT										
Removal Percent Removal	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	89.25 Min Mo Avg	XXX	%		2/week	Calculation
	SAMPLE MEASUREMENT										
Total Suspended Solids	PERMIT REQUIREMENT	350 Avg Mo	525 Wkly Avg	lbs/day	XXX	30 Avg Mo	45 Wkly Avg	mg/L		2/week	24-Hr Composite
	SAMPLE MEASUREMENT										
Total Suspended Solids Raw Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	XXX	lbs/day	XXX	Report Avg Mo	XXX	mg/L		2/week	24-Hr Composite
	SAMPLE MEASUREMENT				***************************************						
Fecal Coliform Oct 1 - Apr 30	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	200 Geo Mean	1000 IMAX	No./100 ml		2/week	Grab
	SAMPLE MEASUREMENT										
Fecal Coliform May 1 - Sep 30	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	200 Geo Mean	1000 IMAX	No./100 ml		2/week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TEI	EPHONE		DATE	
	Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true.						
TYPED OR PRINTED	accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY
COMMENTS (Report all violations on the "Non-Co.	mpliance Reporting Form")						



Copper, Total

Ethylhexyl)Phthalate

Bis(2-

Chrysene

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME	_Tinicum	Township WWTP					_										
CLIENT	Tinicum	Township		P	A00283	380			001		Rep	orting Frequ	ency:	Monthly			
ADDRESS	Memoria Printz Bo	l Bldg., 629 N. Governo oulevard	or	PERI	MIT NU	MBER		OUTF	ALL NU	MBER	DMF	R Effective F	rom:	October 1, 2	2020		
	Essingto	n, PA 19029					_				 DMF	R Effective T	o:	September	September 30, 2025		
LOCATION	Tinicum	Township				MONITO	RING F	PERIOD			Perr	nit Expires:		September	30, 2025		
	Delaware	e County		YEAR	МО	DAY		YEAR	МО	DAY	Perm	nit Applicatio	n Due:	April 3, 202	April 3, 2025		
WATERSHED	3-G						ТО				1	Check Here if No Dischar			narge		
					-1	<u>'</u>	-				 NOT	E: Read Ins	truction	s before completin	g this form		
PARAME	PARAMETER C VALUE			NTITY OR I		IG UNITS	\/A	QUA LUE	LITY OF VALU		NTRATION VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
***************************************		SAMPLE MEASUREMENT	VALUE	VAL	OE	UNITS	VA	LOE	VALO		VALUE	UNITS		OF ANALTOIS			
Total Nitrogen		PERMIT REQUIREMENT	XXX	XX	X	XXX	Х	xx	Repoi		XXX	mg/L		2/month	24-Hr Composite		
		SAMPLE MEASUREMENT															
Ammonia-Nitrog	gen	PERMIT REQUIREMENT	35.0 Avg Mo	XX	X	lbs/day	X	xx	3.0 Avg M	lo	XXX	mg/L		2/month	24-Hr Composite		
		SAMPLE MEASUREMENT															
Total Phosphor	us	PERMIT REQUIREMENT	XXX	XX	Х	XXX	X	xx	Repoi Avg M	5	XXX	mg/L		2/month	24-Hr Composite		
		SAMPLE MEASUREMENT															

lbs/day

XXX

XXX

XXX

XXX

XXX

0.53

Avg Mo

XXX

XXX

PERMIT

REQUIREMENT

SAMPLE MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE MEASUREMENT

PERMIT

REQUIREMENT

1.05

Daily Max

XXX

XXX

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TEI	LEPHONE		DATE	
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TYPED OR PRINTED	accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY
COMMENTS (Report all violations on the "Non-Co	mpliance Reporting Form")						

0.045

Avg Mo

XXX

XXX

0.090

Daily Max

Report

Daily Max

Report

Daily Max

mg/L

mg/L

mg/L

24-Hr

Composite

24-Hr

Composite

24-Hr

Composite

1/month

1/month

1/month



NAME

CLIENT

PCBs Dry Weather

PCBs Wet Weather

Analysis

Analysis

PRIMARY FACILITY NAME/ADDRESS

Tinicum Township WWTP

PERMIT

REQUIREMENT

SAMPLE MEASUREMENT

PERMIT

REQUIREMENT

XXX

XXX

Tinicum Township

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PA0028380

XXX

XXX

ADDRESS	Printz Bou	Bldg., 629 N. Governo ulevard	or	PERI	MIT NU	MBER		OUTFALL NUMBER			DMR Effective From:			October 1, 2	October 1, 2020		
	Essington	, PA 19029							******************************		DMR	Effective To	o :	September 3	30, 2025		
LOCATION	Tinicum T	ownship				MONITO	RING F	PERIOD			Permit Expires: September 3				30, 2025		
	Delaware	County		YEAR	МО	DAY		YEAR	МО	DAY	Perm	Permit Application Due:			5		
WATERSHED	3-G						то					Check Here if No Discha					
											NOT	E: Read Inst	ructions	before completing	g this form		
PARAME ⁻	TED .		QUAN	ANTITY OR LOADING				QUA	LITY OR	CONCE	ITRATION		NO.	FREQUENCY	SAMPLE		
TAXAMETER			VALUE	VAL	JE	UNITS	VA	LUE	VALUE		VALUE UNITS		EX	OF ANALYSIS	TYPE		
		SAMPLE MEASUREMENT															

XXX

XXX

XXX

XXX

001

XXX

XXX

Reporting Frequency:

pg/L

pg/L

Report

Daily Max

Report

Daily Max

Semi-Annually

1/6 months

1/6 months

24-Hr

Composite

24-Hr

Composite

IAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TEI	LEPHONE		DATE	
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TYPED OR PRINTED	 accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). 	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME	linicum	Iownship WWTP					ı											
CLIENT	Tinicum			P	A00283	80			001			Repo	orting Freque	ency:	Q	uarterly		
ADDRESS	Memorial Printz Bo	Bldg., 629 N. Govern ulevard	or 	PER	UN TIN	MBER		оит	FALL N	JMBEF	₹	DMR	t Effective F	rom:	_0	ctober 1, 2	2020	
	Essingtor	n, PA 19029										DMR	Effective To	o :	S	eptember :	30, 202	5
LOCATION	Tinicum 7	Γownship				MONITO	RING F	PERIOD				Perm	mit Expires:			September 30, 2025		
	Delaware	: County		YEAR	МО	DAY		YEAR	МО	DA	Y	Perm	nit Application Due: A			April 3, 2025		
WATERSHED	3-G						то								f No Discharge			
777.1.2.1.0.1.2.2			***************************************		<u> </u>			L					E: Read Ins		_		g this fo	orm
PARAME	TCD		QUA	NTITY OR L	OADIN			QU.	ALITY O	R CON	CENTI			NO.		QUENCY		MPLE
PARAME	IER		VALUE	VALUE UNITS			VA	LUE			VA	LUE	UNITS	EX	OF AI	VALYSIS	Т	YPE
		SAMPLE MEASUREMENT																
Total Dissolved	Solids	PERMIT REQUIREMENT	XXX	XX	x	XXX	X	Report XXX Daily Max				mg/L		1/q	uarter		4-Hr nposite	
		SAMPLE MEASUREMENT																
Aluminum, Tota	I	PERMIT REQUIREMENT	XXX	XX	×	XXX	X	xx	XX	×		port y Max	mg/L	-	1/quarter			4-Hr nposite
		SAMPLE MEASUREMENT																
Cyanide, Availa	ble	PERMIT REQUIREMENT	xxx	XX	×	xxx	X	xx	XX	×		eport y Max	mg/L		1/q	uarter	C	Grab
		SAMPLE MEASUREMENT																
Dichlorobromon	nethane	PERMIT REQUIREMENT	xxx	XX	×	xxx	X	xx	XX	×		eport y Max	mg/L		1/q	quarter Grab		
		SAMPLE MEASUREMENT																
Phenolics, Tota	I	PERMIT REQUIREMENT	xxx	XX	×	xxx	X	xx	XX	×		eport y Max	mg/L		1/q	uarter	(Grab
		SAMPLE MEASUREMENT										-	-					
Toxicity, Chronic Ceriodaphnia S		PERMIT REQUIREMENT	XXX	XX	X	XXX	X	xx	XX	X		eport y Max	TUc		See	Permit		4-Hr nposite
NAME/TITLE PF	RINCIPAL EX	ECUTIVE OFFICER	I certify under penalty direction or supervision	in accordance with	n a system d	esigned to assure							TELE	PHONE			DATE	
	***************************************		that qualified personne Based on my inquiry of or those persons direct information submitted	f the person or per tly responsible for	sons who magathering th	anage the system e information, the										***************************************	***************************************	
TY	PED OR PR	INTED	accurate and complete for submitting false in	le. I am aware that there are significant penalties information, including the possibility of fine and wing violations. See 18 Pa. C.S. § 4904 (relating			SIGNATURE OF PRINCIPAL EXECUTIVE					AREA CODE	NUME	BER	YEAR	МО	DAY	
COMMENTS (Re	eport all viol	ations on the "Non-Co	mpliance Repor	ting Form")														



3-G

WATERSHED

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME	Tinicum Township WWTP
CLIENT	Tinicum Township
ADDRESS	Memorial Bldg., 629 N. Governor Printz Boulevard
	Essington, PA 19029
LOCATION	Tinicum Township
	Delaware County

PA0028380	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD

Reporting Frequency:

DMR Effective From:

October 1, 2020

DMR Effective To:

September 30, 2025

Permit Expires:

September 30, 2025

Permit Application Due:

April 3, 2025

Check Here if No Discharge

YEAR MO DAY TO YEAR MO DAY

NOTE: Read Instructions before completing this form

PARAMETER		QUAN	TITY OR LOADI	NG	QI	UALITY OR COI	VCENTRATION		NO.	FREQUENCY OF ANALYSIS See Permit See Permit	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, Chronic -	SAMPLE MEASUREMENT										
Ceriodaphnia	PERMIT						Report				24-Hr
Reproduction	REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Daily Max	TUc		See Permit	Composite
	SAMPLE MEASUREMENT										
Toxicity, Chronic -	PERMIT			7			Report				24-Hr
Pimephales Survival	REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Daily Max	TUc		See Permit	Composite
	SAMPLE MEASUREMENT										
Toxicity, Chronic -	PERMIT			7			Report				24-Hr
Pimephales Growth	REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Daily Max	TUc		See Permit	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TEI	TELEPHONE		DATE					
	Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,										
TYPED OR PRINTED	accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY				
COMMENTS (Report all violations on the "Non-Compliance Reporting Form")											



PRIMARY FACILITY NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME	linicum	Iownship WW IP						y										
CLIENT	Tinicum			P.	A00283	380			002			Rep	orting Frequ	ency:	_A	nnually		
ADDRESS	Memorial Printz Bo	Bldg., 629 N. Govern ulevard	or 	PER	MIT NU	MBER		OU	TFALL NU	JMBER		DMF	R Effective F	rom:	c	october 1, 2	2020	
	Essingtor	n, PA 19029					~~~~					DMF	R Effective T	o:	S	eptember	30, 2025	5
LOCATION	Tinicum 7	Γownship				MONITO	RING F	PERIOD				Perr	nit Expires:		S	eptember :	30, 2025	5
	Delaware	County		YEAR	МО	DAY		YEAF	R MO	DA'	Y	Pern	nit Applicatio	n Due:	Α	pril 3, 202	5	
WATERSHED	3-G						то						Check Here	e if No Di				
							,	<u> </u>				NOT	E: Read Ins		-		g this fo	rm
PARAME	TED			NTITY OR L					JALITY OF					NO.		QUENCY		MPLE
FAINAIL	1111	211515	VALUE	VAL	JE	UNITS	VA	LUE	VALU	JE	VA	ALUE	UNITS	EX	OF A	NALYSIS	T'	YPE
		SAMPLE MEASUREMENT																
рН		PERMIT REQUIREMENT	XXX	XX	X	XXX	×	XX	XXX	(eport ly Max	S.U.		1	/year	G	Brab
Carbonaceous		SAMPLE MEASUREMENT																
Biochemical Ox Demand (CBOI		PERMIT REQUIREMENT	XXX	XX	X	XXX	×	XX	XXX			eport ly Max	mg/L		1	/year		Brab
		SAMPLE MEASUREMENT	,,,,,			7000			,,,,,			.,	g. =		············	. ,		
Chemical Oxygonemand (COD)	en	PERMIT REQUIREMENT	xxx	XX	~~~~~~	XXX		XX	XXX	, 1		eport ly Max	mg/L		1	/year		 Grab
Demand (CCD)	***************************************	SAMPLE MEASUREMENT			^		^			`	Dai	iy iviax	Ing/E		1	ryear		nau
Total Suspende	d Calida	PERMIT REQUIREMENT	xxx	XX	·	VVV			XXX	,		eport						·····
Total Suspende	a Solius	SAMPLE MEASUREMENT		 ^^	^	XXX	^	^^			Dai	ly Max	mg/L		1	/year		Brab
Oil and Grease		PERMIT REQUIREMENT	XXX	XXX		XXX	_		XXX	,	Report Daily Max		mg/L		1/vear		Grab	
On and Grease		SAMPLE MEASUREMENT	700		^	700	- ^			`	Dai	iy Wax	i iig/L		1	ryear		140
Fecal Coliform		PERMIT REQUIREMENT	xxx	XX	X	XXX	×	XX	XXX	<i>,</i>		eport ly Max	No./100 ml		1	/year	G	 Grab
			I certify under penalty				·						·			·	•	
NAME/TITLE PF	RINCIPAL EX	ECUTIVE OFFICER	direction or supervisio that qualified personn Based on my inquiry or those persons dire	el gather and evalu of the person or per	ate the infor	mation submitted. anage the system							TELI	EPHONE	- - -		DATE	
			information submitted accurate and complet	is, to the best of me. I am aware that	ny knowledg there are si	e and belief, true, gnificant penalties	SIG	NATUR	OF PRIN	CIPAL F	XECL	ITIVE						
TY	/PED OR PR	INTED	for submitting false i imprisonment for know to unsworn falsification	wing violations. See					OR AUTH				AREA CODE	NUME	BER	YEAR	МО	DAY
COMMENTS (R	eport all viol	ations on the "Non-Co	mpliance Repor	ting Form")														



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME	Tinicum Township WWTP
CLIENT	Tinicum Township
ADDRESS	Memorial Bldg., 629 N. Governor Printz Boulevard
	Essington, PA 19029
LOCATION	Tinicum Township
	Delaware County

PA0028380	002
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD

DAY

YEAR

MO

DAY

YEAR

MO

Reporting Frequency:	Annually
DMR Effective From:	October 1, 2020
DMR Effective To:	September 30, 2025
Permit Expires:	September 30, 2025
Permit Application Due:	April 3, 2025
Check Here if No Dis	scharge

WATERSHED 3-G

____ Check Here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUAN	TITY OR LOADIN	√G	Ql	UALITY OR CO	NCENTRATION		NO.	1/year 1/year	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE MEASUREMENT										
Total Kjeldahl Nitrogen	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	XXX	Report Daily Max	mg/L		1/year	Grab
	SAMPLE MEASUREMENT										
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/year	Grab
	SAMPLE MEASUREMENT										
Iron, Dissolved	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	XXX	Report Daily Max	mg/L		1/year	Grab

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COMMENTS (Report all violations on the "Non-Compliance Reporting Form")											



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

INSTRUCTIONS FOR COMPLETING DISCHARGE MONITORING REPORTS (DMRs)

General

One or more Discharge Monitoring Reports (DMRs) are attached to your permit for reporting the results of self-monitoring activities as required by your permit. You should make copies of the DMRs for your ongoing use, unless you elect to participate in the Department of Environmental Protection's (DEP's) electronic DMR (eDMR) program (see [HYPERLINK "http://www.dep.pa.gov/edmr"]).

- Reporting frequencies will vary depending on the monitoring frequencies listed in your permit, and are generally monthly, quarterly semi-annually and annually.
- Your reports must be <u>received</u> by DEP on the 28th day of the month following the end of the reporting period, unless otherwise specified in Part C of your permit.
- Your permit may require submission of DMRs to other agencies, including the U.S. Environmental Protection Agency (EPA).
- If you receive DMRs in the mail from EPA, please discontinue use of DMR Form No. 3800-FM-BCW0462 and begin using EPA's DMRs.
- DMRs will generally include pre-populated information for permittee name and address, facility location, permit number, outfall number, permit expiration date, parameter names, and permit requirements. If you identify any errors on a DMR issued by DEP, please contact the DEP regional office that issued your permit. If you identify any errors on a DMR issued by EPA, please contact DEP's Central Office at 717-787-6744.
 DO NOT make changes to DMRs issued to you.
- You may use computer-generated replicas of Form No. 3800-FM-BCW0462 or of EPA's DMR if you receive
 prior approval from DEP and EPA. DEP reserves the right to instruct you to discontinue the
 submission of computer-generated DMRs if the permit requirements you entered on the form are
 inaccurate.

Instructions

- 1. Enter statistical results into each blank field below the "VALUE" column headers. Results must be reported in the same units shown on the DMR.
- 2. Sum the total number of excursions or exceedances of permit limits across the row for each parameter and enter the value into the "NO. EX" field. For example, if the permit contains limits of 6.0 S.U. (Minimum) and 9.0 S.U. (Maximum) for pH, and the Minimum and Maximum results are 5.9 S.U. and 9.1 S.U., respectively, enter "2" into the "NO. EX" field.
- 3. Report the actual sampling frequency and sample type utilized during the reporting period in the fields corresponding to "Frequency of Analysis" and "Sample Type", respectively.
- 4. Type the name of the principal executive officer (or an authorized agent designated by a principal executive officer) who is taking responsibility for the report, sign the report (should be in ink), enter the telephone number of the responsible individual, and record the date that the report was signed. Mail only original, signed copies of DMRs.
- 5. In the Comments section at the bottom of the DMR, you may write a brief summary of violations in this section; however, DEP requests that <u>all</u> violations during the monitoring period be reported in more detail on DEP's **Non-Compliance Reporting Form** (3800-FM-BCW0440) and be submitted as an attachment to the DMR. Other uses of the Comments Section include explanations of attachments to the DMR, explanations for the unavailability of data, and brief summaries of issues that have affected operations or effluent quality during the monitoring period. Always consider attaching a letter or separate document to explain your situation in more detail.

No Discharge or No Data Available

If there was <u>no discharge at all from an outfall</u> during the monitoring period, check the "No Discharge" box on the top of the DMR. Complete the information above and below the table and mail the DMR to the appropriate agencies. Be sure to sign and date the DMR.

If there was no discharge of a specific parameter (e.g., if a chlorine limit is in the permit but chlorine was not used for disinfection during the entire reporting period), or if data are not available for a specific parameter for the entire reporting period, do not leave the DMR blank. Instead, report one of the following No Data Indicator (NODI) codes that apply to your situation in the appropriate value field, and **provide an explanation as an attachment to the DMR**:

- A Use if you are exempted from monitoring the parameter because of a General Permit condition.
- **E** Use if <u>all samples or results</u> are not available for the reporting period due to equipment failure or because sample collection was overlooked or samples could not be collected for the parameter.
- **GG** Use if your permit requires sample collection and analysis only under certain conditions and those conditions were not met during the reporting period (e.g., report chlorine results only when chlorination system is used).
- FF Other: use if there is any reason for the absence of data that is not covered by those above.

If you have at least one result for a parameter, the value should be reported and not a NODI code.

Calculations

The following explains how to calculate statistical values that are commonly required by permits:

Monthly Average – For Loading (lbs/day), sum the total of daily loadings and divide by the number of samples during the month. To calculate the daily loading, multiply the daily concentration (mg/l) by the flow (MGD) on the date of sampling and a conversion factor of 8.34. For Concentration, sum the total of daily concentrations and divide by the number of samples.

Weekly Average – For Loading (lbs/day), sum the total of average daily loadings during each week of the reporting period (beginning on a Sunday and ending on a Saturday) and divide by the number of samples during the week. For Concentration, sum the total of daily concentrations each week and divide by the number of samples. Report the maximum weekly average on the DMR.

Maximum Daily ("Daily Max") – Report the maximum concentration or load measured during a 24-hour period during the reporting period; if multiple measurements are taken daily, include all data in the analysis.

Instantaneous Maximum ("IMAX") – Report the maximum result obtained by a grab sample for a specific pollutant over the entire reporting period covered by a DMR.

Instantaneous Minimum ("Minimum") – Report the minimum result obtained by a grab sample for a specific pollutant over the entire reporting period covered by a DMR.

Total Monthly Load (lbs) – Sum the total of average daily loadings, divide by the number of samples during the month, and multiply by the number of days in the month.

Geometric Mean – Report the average of a set of *n* sample results given by the *n*th root of their product. If any result is zero (0), substitute 1 for the calculation. For example, five samples were analyzed with the following results: 20, 300, 400, 500, and 0. The calculation of geometric mean is as follows (note that you will need to use the power function on a calculator):

$$\sqrt[5]{20 \cdot 300 \cdot 400 \cdot 500 \cdot 1} = \sqrt[5]{1,200,000,000} = (1,200,000,000)^{1/5} = 65$$

Non-Detect Data

Conventional and Toxic Parameters

For calculating average values of data sets in which there are some "detections" (results at or above the laboratory reporting limit) and some "non-detect" data (results reported below the laboratory reporting limit), use the reporting limit for non-detect data. In other words, ignore the less than (<) symbol for statistical calculations and include the < symbol with the statistical result if there is at least one non-detect result in the data set. For example, four samples were analyzed with the following results: < 1.0, 2.0, < 1.0, and 1.0. The average statistical result is < 1.3.

Where the permit includes an effluent limitation for a parameter that is less than the most sensitive detection limit available, and the laboratory reports a value at or below the lowest level specified by the permit, you may use zero (0) in the calculation in lieu of the reporting limit, if the parameter is identified in 25 Pa. Code Chapter 16, Appendix A, Tables 2A and 2B. In general, parameters with limitations that are less than the most sensitive detection limit will be identified in Part C of the permit, if applicable.

Bacteria Parameters

Report all "non-detect" (e.g., < 2) and "too numerous to count" (TNTC) (e.g., > 2,000) results on DMR supplemental forms as reported by the laboratory. Do not report "TNTC" on supplemental forms, but instead report a value qualified with the">" symbol. Where a data set includes one or more "non-detect" and/or TNTC results, calculate the geometric mean by ignoring qualifying symbols, but report the value with the symbol. If a data set includes both ">" and "<" qualifiers, the ">" qualifier takes precedence for reporting. For all "non-detect" values, specify in the Comments section of the DMR the maximum volume filtered at the laboratory.

Example 1 – For results are determined, < 2, 10, 20, and 30. The geometric mean should be reported as < $(2 \cdot 10 \cdot 20 \cdot 30)^{0.25} = < 10$. Specify the maximum volume filtered for the < 2 result in the DMR Comments.

Example 2 – Three results are determined, < 2, 1,000, and > 2,000. The geometric mean should be reported as > $(2 \cdot 1,000 \cdot 2,000^{0.333} = > 158$.

Rounding and Precision

Statistical values reported on the DMR should be rounded to the same number of decimal places as the limit for the parameter as set forth in the permit. If the permit does not contain a limit but requests monitoring only, statistical values for concentration results should be rounded to the maximum number of decimal places in the data set as reported by the laboratory or the instrument used for analysis. If mass loads must be reported and there is no limit, round statistical values to the nearest whole number, unless the calculated number is less than one, in which case the value should be rounded to one significant figure (e.g., 0.1, 0.05, etc.). If the number you are rounding is followed by 5, 6, 7, 8, or 9, round the number up, otherwise round down.

The documents "Discharge Monitoring Reports Overview and Summary" (3800-BK-DEP3047) and "Management of Non-Detect Results for Discharge Monitoring Reports" (3800-FS-DEP4262) contain more information and are incorporated by reference. These documents are available on DEP's website.